

APPROVED FOR
RELEASE DATE
10-Nov-2008

FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM

2810-110

NOTICE OF CHANGE IN HEALTH BENEFITS ENROLLMENT

(b)(6)
(b)(3)

Part A.—IDENTIFYING DATA

1. NAME (LAST)	(FIRST)	(MIDDLE INITIAL)	2. DATE OF BIRTH	3. CARRIER CONTROL NO.
Caranci,	John	C.	2-7-22	078546
4. ADDRESS (INCLUDING ZIP CODE)			5. PAYROLL OFFICE NO.	6. ENROLLMENT CODE NO.
61 Eddy Street No. Providence, Rhode Island 02903				122
7. DATE THIS ACTION BECOMES EFFECTIVE 31 March 1970				

ONLY THE ITEM WHICH IS CHECKED BELOW AFFECTS YOUR ENROLLMENT. READ THAT ITEM CAREFULLY AND FOLLOW ANY PERTINENT INSTRUCTIONS. KEEP THIS FORM UNLESS YOUR ENROLLMENT IS TERMINATED AND YOU APPLY FOR CONVERSION.

Part B.—TERMINATION

YOUR ENROLLMENT TERMINATES ON THE DATE IN PART A, ITEM 7, ABOVE.

IMPORTANT NOTICE.—You have the right to convert to an individual contract with the carrier of your plan. See Part B—Termination on the back of this form for information about your extension of coverage and conversion. If you want to convert, fill in the box on the back of this form and send it to your plan within the time limit specified.

Part C.—CHANGE IN PLAN

YOUR ENROLLMENT SHOWN IN PART A, ITEM 6, ABOVE HAS BEEN TERMINATED BECAUSE OF YOUR ENROLLMENT IN ANOTHER PLAN.

Part D.—TRANSFER OUT

YOUR ENROLLMENT CONTINUES BUT IS TRANSFERRED TO YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM):

Retirement & Disability System
Washington, D. C.

(SEE PART D ON THE BACK OF THIS FORM FOR MORE INFORMATION)

Part E.—TRANSFER IN

YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM) SHOWN IN PART E BELOW HAS ACCEPTED TRANSFER OF YOUR ENROLLMENT AND WILL CONTINUE IT.

Part F.—SUSPENSION

YOUR ENROLLMENT HAS BEEN SUSPENDED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE.

Part G.—REINSTATEMENT

YOUR ENROLLMENT HAS BEEN REINSTATED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE.

Part H.—CHANGE IN NAME OF ENROLLEE

THE NAME IN WHICH THIS ENROLLMENT IS CARRIED HAS BEEN CHANGED TO:	NAME	DATE OF BIRTH	SEX
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS (INCLUDING ZIP CODE) IF DIFFERENT FROM PART A, ITEM 4, ABOVE			

Part I.—CHANGE IN ENROLLMENT—SURVIVOR ANNUITANT

YOUR ENROLLMENT HAS BEEN CHANGED FROM FAMILY COVERAGE TO SELF ONLY. YOUR PLAN WILL SEND YOU A NEW IDENTIFICATION CARD.

YOUR NEW ENROLLMENT
CODE NUMBER

(NOTE: THIS ITEM TO BE COMPLETED BY RETIREMENT SYSTEMS ONLY)

Part J.—REMARKS

Part K.—DATE OF NOTICE

5-21-70
DATE

HEALTH BENEFITS OFFICER
(ALTERNATE)
NAME OF AGENCY

Central Intelligence Agency
Washington, D.C. 20505